

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
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TOTAL IND.	2									
TOTAL DEP.	32									
TOTAL CLAIMS	34									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS